

City of Washburn Change in Services Request Form

Date of request: __/__/____

Change of Address

Turn off Water

Turn on Water

Name on account: _____

Account Number: _____

Owner Name (if rental): _____

Current Physical Address: _____

Current Mailing Address: _____

Billing Name: _____

Effective Date of Change: _____

New Physical Address: _____

New Mailing Address: _____

Phone Number: _____

Cell Phone Number: _____

Signature _____

Printed Name: _____